

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
 District of Globe
 Town of _____
 or _____
 City of _____

State Index No. 123
 County Registrar No. 370
 Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Duarte If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth June 14 1923 Month day year

8. FATHER Full name Trineo Duarte 14. MOTHER Full maiden name Catalina Lopez

9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 27 (Years) 16. Color or race Mexican 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mexico (State or country)

13. Occupation Nature of industry miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn one 21. Were precautions taken against ophthalmia neonatorum? no (stillborn)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 4 A.M. on the date above given (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature T. C. Harper, M.D. Address Globe, Arizona

Given name added from a supplemental report _____ Month, day, year. Filed 6-17-23 1923

Registrar.

Filed 7-5-23 1923
 County Registrar.

045-614-339